



STATE OF TENNESSEE  
TITLE INSURANCE AGENCY APPLICATION

\$110.00 Application Fee and Title Certification Form Required.  
FILING FEES ARE NONREFUNDABLE.

Department of Commerce & Insurance  
Agent Licensing Section  
500 James Robertson Parkway  
Nashville, TN 37243-1134

PRINT CLEARLY (BLACK INK) OR TYPE

TO THE COMMISSIONER OF INSURANCE, STATE OF TENNESSEE:

The undersigned hereby applies for a certificate of authority for Title Insurance Agency and submits the following information:

DEPARTMENT USE ONLY

**APPLICANT HISTORY**

1. FULL NAME OF AGENCY \_\_\_\_\_ Phone ( ) \_\_\_\_\_

2. AGENCY ADDRESS \_\_\_\_\_  
Number and Street City County State Zip Code

3. TYPE OF AGENCY: ☐ Partnership ☐ Association ☐ Corporation ☐ Other \_\_\_\_\_

4. Date applicant commenced doing business in Tennessee: \_\_\_\_\_  
Month Date Year

5. List the names of all officers, directors, partners, principals, etc. (Attach additional sheet if needed)

NAME	POSITION

6. (A) Have any of the officers, directors, partners, or principals ever held or now hold an insurance agent's license in this or any other state? ☐ Yes ☐ No - If yes, list states, type of license, lines of insurance, and last year licensed in each.

(B) Have any of those individuals ever been refused or had suspended or revoked, an insurance license in any state? ☐ Yes ☐ No - If yes, give details.

(C) Have any of those individuals ever been convicted of a criminal offense? ☐ Yes ☐ No - If yes, give complete information.

(D) Are there any pending criminal charges against these individuals? ☐ Yes ☐ No - If yes, please explain.

7. List all title insurance companies for which the applicant is authorized to engage in the business of title insurance:


**APPLICATIONS WILL NOT BE ACCEPTED UNLESS NOTARIZED AND ALL QUESTIONS ANSWERED IN FULL.**

I hereby certify that all information in this application is true and correct to the best of my knowledge and belief.

Subscribed and sworn to before me

this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signature of Agency Official

Title

Notary Public

My commission expires \_\_\_\_\_